

A | Reissue

09/16/01
S. PRO

**REISSUE
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.	211836US-2-SRD RE
First Named Inventor	Yasuo OHBA
Original Patent Number	5,929,466
Original Patent Issue Date	July 27, 1999
Title	SEMICONDUCTOR DEVICE AND METHOD OF FABRICATING THE SAME

07/27/01

APPLICATION FOR REISSUE OF:		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and claims</p> <p>3. <input checked="" type="checkbox"/> Formal Drawing(s)</p> <p>4. <input type="checkbox"/> Reissue Oath or Declaration</p> <p>5. Original U.S. Patent</p> <p><input type="checkbox"/> Offer to surrender original patent</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Affadavit / Declaration of Loss</p> <p>6. Original U.S. Patent currently assigned?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check applicable boxes</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees</p> <p><input type="checkbox"/> 37 C.F.R. §3.73(b) Statement</p> <p><input type="checkbox"/> Power of Attorney</p>		
ACCOMPANYING APPLICATION PARTS <p>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>8. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119)</p> <p>9. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS)/PTO-1449</p> <p>10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration</p> <p>11. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input checked="" type="checkbox"/> Other: Request for Priority Terminal Disclaimer from parent case, serial number 08/874,299, filed on June 13, 1997</p>		
<p>15. CORRESPONDENCE ADDRESS</p> <p>OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON, VIRGINIA 22202 (703) 413-3000 FACSIMILE: (703) 413-2220</p>		

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

211836US-2-SRD RE

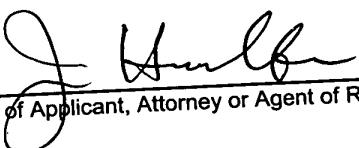
Claims as filed - Part 1

Claims in Original Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Fee
10	Total Claims	44	24	x \$18 =	\$432.00
2	Independent	6	4	x \$80 =	\$320.00
Basic Fee (37 CFR 1.16(h))					\$710.00
Late Filing of Declaration					\$130.00
Total of above calculations					\$710.00
<input type="checkbox"/> Reduction by 50% for filing by small entity					\$0.00
					Total Filing Fee
					\$1,592.00

- Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$1,592.00 to cover the filing/additional fee is enclosed.

7-27-01

Date


Signature of Applicant, Attorney or Agent of Record

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